Fill	in this information to	o identify your ca	ase:									
Del	btor 1	Jacqueline I										
	btor 2 buse, if filing)			18.		_						
Uni	ited States Bankrupt	tcy Court for the	NORTHERN DISTRIC	CT OF OHIO		_			240			
Case number 17-32536-jpg							Check if this is:					
(If known)				-				An amended filing				
_			·				A suppleme		postpetition (chapter		
0	fficial Form	1061					MM / DD/ Y	YYY				
S	chedule I: `	Your Inc	ome							12/15		
spo atta	use. If you are sep ch a separate shee	arated and you	are married and not fili r spouse is not filing w On the top of any additi	ith you, do not includ	de infor	mation	about your spo	use. If mo	re space is n	eeded,		
1.	Fill in your emplo	oyment		Debtor 1			Debtor 2 or non-filling spouse					
	If you have more t	page with	Employment status	☐ Employed			☐ Employed					
	attach a separate information about employers.			■ Not employed			Not er	■ Not employed				
			Occupation	Social Security			Social Security					
	Include part-time, seasonal, or self-employed work.		Employer's name									
	Occupation may in or homemaker, if i		Employer's address					÷				
			How long employed there?									
Pai	rt 2: Give Det	ails About Mor	nthly Income									
E sti spoi	mate monthly inco	eme as of the daseparated.	ate you file this form. If	you have nothing to re	port for	any line	, write \$0 in the	space. Incl	ude your non	-filing		
	ou or your non-filing s e space, attach a se		ore than one employer, co	ombine the information	for all	employe	rs for that perso	n on the lin	es below. If y	ou need		
						Fo	or Debtor 1	For Deb non-filin	tor 2 or ig spouse			
2.	List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. 2. \$					\$	0.00	\$	0.00			
3.	Estimate and list monthly overtime pay. 3.					+\$	0.00	+\$	0.00			
4.	Calculate gross I		4.	\$	0.00	\$	0.00					

Official Form 106I

Schedule I: Your Income

				For Debtor 1		For Debtor 2 or non-filing spouse				
	Сору	line 4 here	4.	\$	0.00	\$	0.00			
5.	Lista	all payroll deductions:								
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	0.00	\$	0.00			
	5b.	Mandatory contributions for retirement plans	5b.	\$_	0.00	\$	0.00			
	5c.	Voluntary contributions for retirement plans	5c.	\$-	0.00	\$	0.00			
	5d.	Required repayments of retirement fund loans	5d.	\$_	0.00	\$	0.00			
	5e.	Insurance	5e.	\$_	0.00	\$	0.00			
	5f.	Domestic support obligations	5f.	\$	0.00	\$	0.00			
	5g.	Union dues	5g.	\$	0.00	\$	0.00			
	5h.	Other deductions. Specify:	5h.+	\$	0.00	- \$	0.00			
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	0.00	\$	0.00			
7.	Calcu	ulate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	0.00	\$	0.00			
8.	List a 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	90	¢	0.00	¢				
	8b.	Interest and dividends	8a. 8b.	\$_ \$	0.00	\$ \$	0.00			
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce	OD.	Ψ_	0.00	Φ	0.00			
		settlement, and property settlement.	8c.	\$	0.00	\$	0.00			
	8d.	Unemployment compensation	8d.	\$	0.00	\$	0.00			
	8e.	Social Security	8e.	\$	693.00	\$	2,716.00			
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f.	\$	0.00	\$	0.00			
	8g.	Pension or retirement income	8g.	\$	0.00	\$	0.00			
	8h.	Other monthly income. Specify:	8h.+	\$	0.00	- \$	0.00			
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	693.00	\$	2,716.00			
10	Calcı	ulate monthly income. Add line 7 + line 9.	10. \$		693.00 + \$	27	16.00 = \$ 3	3,409.00		
		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	ΙΟ. Ψ		093.00	2,1	10.00	,403.00		
11.	1. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00									
12.	2. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 12. \$ 3,409.00									
13.	Do yo	ou expect an increase or decrease within the year after you file this form	?				Combine monthly	-		
		No. Yes. Explain:								
		i co. Lapiairi.								

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Schedule I: Your Income